

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS
COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

COVER SHEET

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

The cost for filing a civil rights complaint is \$150.00.

If you do not have sufficient funds to pay the full filing fee of \$150.00 you need permission to proceed *in forma pauperis*. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$150.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you **DO NOT** have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form. _____

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees. _____

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAEG - 7632
(Inmate Number)Nathaniel Newell
(Name of Plaintiff)10745, Rt 18, A
(Address of Plaintiff)Albion, PA 16475-0002

vs.

J.m. Seliler, P.m.s
(Names of Defendants)TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS
☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

COMPLAINT

FILED
SCRANTON

JAN 26 2001

PER RM DEPUTY CLERK

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
-
- ☒
- Yes
- ☐
- No

- B. Have you filed a grievance concerning the facts relating to this complaint?
-
- ☒
- Yes
- ☐
- No

If your answer is no, explain why not

- C. Is the grievance process completed?
- ☒
- Yes
- ☐
- No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the name, position and places of employment of any additional defendants.)

A. Defendant J.M. Seliler, P.N.S. is employed
as a Dentist at Camp Hill, PA 17001-8833

B. Additional defendants _____

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. I went to see the dentist on 10.25.2000. at camp hill to get my
Left back tooth pull by Mr. J.M. Seliler. P.N.S and The dentist
Left A piece of tooth in my mouth. and at this time I am in pain
and stressing about this matter. I saw the dentist here at Alb.
Prison S. C. I. and they took X'Ray's on 12.5. 2000 of my
tooth. and he want to dig down in my gum to try to get the bone
ing piece out that Mr. J.M. Seliler. left in my mouth at camp
S.C.I. and I told him that I was in alot of pain at that time and
The dentist up here said he don't know if it was a tooth or a
bone that the X.Ray showing in my mouth, but it was a tooth bec
2. Mr. Dr. Gordon. took A X'Ray on december 28/2000 And he said that
The X'Ray show's that the tooth broke off some more.
And chip off another piece of tooth when I was eating my food in the
dinner hall. if the dentist would have
finish my tooth I would'nt have to go through this pain and
Stressing'Worrying about me getting infections in my Gum's
who noos in two year's later I can be infected.
3. _____

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite cases or statutes.)

1. Gowing Though the pain of a Mouth Practice Dentist that I can
Be Infected two year's later down the line over the peace of to
Mr.J.M. Seliler left in my mouth at camp hill. S.C.I..and I chi
My Tooth from one of the peace's that he left in my mouth.

2. and it show's on my X. Ray's of what's going on with my tooth
And Gum's Repair of the affected tooth and ^{\$100,000} 100)000 From plainti

3.

Signed this 19 day of JAN., 2001

Nathaniel Newell
 (Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

1/19/2001
 (Date)

Nathaniel Newell
 (Signature of Plaintiff)

DC-804

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

RECEIVED
SUB ATTACHMENT #4

DEC 15 2000

Referred _____

Grievance No CAM-0737-01

Official Inmate Grievance - Review by Grievance Officer
Complaint File Number Assigned by Grievance Officer

To: Number

Name

Quarters Assignment

Date

EG-7632Mr. Nathan DanielJA 38 Cell12-8-00

This complaint has been reviewed. Below is a summary of my review and/or investigation and recommendations. Objections may be filed with the Superintendent within five (5) days.

1: CV 01-0161

In AlbertNo medical record availableJ. Law

DC-455 Prescription Envelope

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

Date 10-25-00 Inst. No. E6 7632Name NewellTake 1 tab every 12 hoursMedicine D-16 Dr. J. F. L. M. S.3 tabs. Prozac 50DragovichDup'sLewInmateCent F. L.

Signature of Grievance Officer

Date

J. Law12-14-00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0116-606-0

TO: GRIEVANCE COORDINATOR	INSTITUTION S.C.I. ALBION	DATE 11, 28, 2000
FROM: (Commitment Name & Number) MR. Nathaniel Newell E-G 7632	INMATE'S SIGNATURE MR. Nathaniel Newell	
WORK ASSIGNMENT Pay Roll	QUARTERS ASSIGNMENT J.A. 38 Cell	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

When I WAS down camp Hill to see THE Dentist ON 10/25/2000 to Have My tooth pulled by Mr. J.M. Seliger P.N.S. AND he Left A piece of tooth IN My Mouth, AND At this time, I AM IN pain. When I saw the dentist here He told Me that He Couldn't Not touch the tooth because it WASN'T his Work, AND if I WANTED ANY thing^{done} About it, I would Have to CONTACT CAMP Hill About it, OR put IN A Grivence About it

B. Actions taken and staff you have contacted before submitting this grievance:

It's About My Tooth, AND I AM IN pain, because CAMP Hill didn't Complete His Job ON My Tooth AND Im Stressing About This Situation, AND IN pain,

Your grievance has been received and will be processed in accordance with DC-ADM 804.

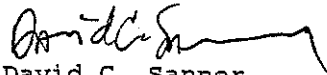
Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
 Department of Corrections
 State Correctional Institution at Albion
 December 7, 2000

SUBJECT: CONSOLIDATED INMATE GRIEVANCE REVIEW SYSTEM

TO: Nathaniel Newell
 EG-7632 J/A 38 ✓

FROM: 
 David C. Sanner
 Superintendent's Assistant

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System.

- ___ All grievances shall be in writing and in the format provided by the forms supplied by the institution. Forms are available in the unit.
- ___ All grievances shall be presented individually. Group grievances are prohibited.
- ___ Only an inmate who has been personally affected shall be permitted to seek review.
- ___ Grievances must be signed.
- ___ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner.
- ___ Grievances based upon different events should be presented separately, unless necessary to combine to support the claim.
- ___ Exceptions: Initial Review and Appeal from Initial Review of issues related to the following Administrative Directives shall be in accordance with procedures outlined therein, and will not be reviewed by the Grievance Officer or Grievance Coordinator.
 1. DC ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC ADM 801, VI, G & I.
 3. DC ADM 802 - Administrative Custody Procedures. See DC ADM 802, VI, B, 1, 2. Appeal from Initial Review, see DC ADM 802, VI, B, 4, a.
 4. DC ADM 814 - Incoming Publications. See 814-IIIB, Appeal from Initial Review, see 814-IIID.
 Additionally, there may be other kinds of issues for which Initial Review Procedures have been previously established by Administrative Memorandum or Policy Statement.
- ___ Initial reviews must be submitted within 15 calendar days after the events upon which the claims are based.
- ___ Block B must be completed.
- ✓ X You are expected to resolve problems or differences with staff on an informal basis either through direct contact or by sending a request slip to appropriate staff.
- ✓ X Other: It appears this grievance is with the Dental Department at SCI-Camp Hill. If so, you should address it directly to them.

If you have concerns about your medical/dental treatment at SCI-Albion, you should submit a written request to Ms. Weyers, CHCA. After you have received a response, you may file a grievance in accordance with DC ADM 804.

cc: Ms. Weyers
 Mr. Lallier
 Mr. Livingood, Superintendent's Assistant, SCI-Camp Hill
 DC-15
 File(606-00)

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

Law

C1707-0737-VU

TO: GRIEVANCE COORDINATOR MR. Living Good Superintendent Assi	INSTITUTION S.C.I Albion	DATE 12/8/2000
FROM: (Commitment Name & Number) MR. Nathaniel Newell EG-7632	INMATE'S SIGNATURE MR. Nathaniel Newell	
WORK ASSIGNMENT Pay Roll	QUARTERS ASSIGNMENT J-A 38 cell	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

WHEN I WAS DOWN CAMP HILL PRISON TO SEE THE Dentist ON 10/25/2000 TO HAVE MY TOOTH PULLED BY MR. J.M. SELIGER, P.N.S, AND HE LEFT A BROKEING PEACE OF TOOTH IN MY MOUTH, AND AT THIS TIME, I AM IN PAIN,

THE dentist up HERE IN ALBION TOOK A X.R. OF MY TOOTH THAT CAMP HILL SUPPOSE TO PULLED COMPLETELY OUT, AND THE X.RAY SHOWS THAT A PEACE OF TOOTH STILL UP IN MY GUM.

THANK YOU?

Nathaniel Newell

B. Actions taken and staff you have contacted before submitting this grievance:

ITS ABOUT MY TOOTH, AND I AM IN PAIN, BECAUSE CAMP HILL DIDNT COMPLETE HIS JOB ON MY TOOTH, AND IM STRESSING ABOUT THIS SITUATION,

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Ben Living Good
Signature of Grievance Coordinator

12/12/00
Date